2155405818

PTO/\$B/21 (09-06) Approved for use through 03/31/2007, OMB 0851-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ollection of information unless it displays a valid OMB control number Under the Paperwork Reduction Act of 1995, no persons are required to respond to Application Number 10/529.088 H CEIVED Filing Date August 4, 2006 TRANSMITTAL CENTRAL FAX CENTER First Named Inventor FORM Diamendis Art Unit NOV **2 9** 2006 Examiner Name unassigned (to be used for all correspondence after initial filing) Attorney Docket Number MTS16AUSA Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Affidavlts/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclalmer below): Extension of Time Request Supplemental Application Data Sheet Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(6) Customer No. 00270 Reply to Missing Perts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Howson & Howson LLP Signature You E Printed name Mary E. Bak Reg. No. Date 31,215 11-29-2006 CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name Summer Uchin Date 11-29-2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

2155405818

RECEIVED CENTRAL FAX CENTER

NOV 2 9 2006

SUPPLEMENTAL APPLICATION DATA SHEET

Application Information		
Application Number::	10/529,088	
Filing Date::	08/04/06	
Application Type::	Regular	
Subject Matter::	Utility	
Suggested Classification::	·	
Suggested Group Art Unit::		
CD-ROM or CD-R::	Listing	
Number of CD disks::	1	
Number of Copies of CDs::		
Sequence Submission?::	Yes	
Computer Readable Form (CRF)?::	Yes	
Title::	METHODS FOR DETECTING PROSTATE CANCER	
Attomey Docket Number::	MTS16AUSA 41757.83USWO	
Request for Early Publication?	No	
Request for Non-Publication?	No	
Suggested Drawing Figure::		
Total Drawing Sheets::	10	
Small Entity::	Yes	
Latin name::		
Variety denomination name		
Petition Included::	No	
Petition Type		
Licensed US Govt. Agency::		
Contract or Grant Number::		
Secrecy Order in Parent Application::	No	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	Canada	
Status::	Full Capacity	
Given Name::	Eleftherios	
Middle Name::	P.	
Family Name::	DIAMANDIS	
Name Suffix::		
City of Residence::	Toronto	
State or Province of Residence::	Ontario	
Country of Residence::	Canada	
Street of Mailing Address::	44 Gerrard Street West, Suite 1504	
City of Mailing Address::	Toronto	
State or Province of Mailing Address::	Ontario	
Country of Mailing Address::	Canada	
Postal or Zip Code of Mailing Address::	M5G 2K2	
L	1	

HOWSON AND HOWSON

Correspondence Information		
Correspondence Customer Number::	23552 <u>00270</u>	
Name::	Howson & Howson LLP	
Street of Mailing Address	501 Office Center Drive, Suite 210	
City of Mailing Address	Fort Washington	
State or Province of Mailing Address	PA	
Country of Mailing Address	<u>us</u>	
Postal or Zip Code of Mailing Address::	19034	
Phone Number::	215-540-9200	
Fax Number::	215-540-5818	
E-Mail Address::	mebak@howsonandhowson.com	

2155405818

Representative Information			
Representative Customer Number::	23552 <u>00270</u>		

Domestic Priority Information				
Application::	Continuity Type::	Parent Application::	Parent Filing Date::	
This application	National Stage of	PCT/CA03/001479	09/26/03	
PCT/CA03/001479	International Application An application claiming the benefit under 35 USC 119(e)	60/414,314	09/26/02	

Assignee Information		
Assignee Name::	Mount Sinai Hospital	
Street of Mailing Address::	600 University Avenue	
City of Mailing Address::	Toronto	
State or Province of Mailing Address::	Ontario	
Country of Mailing Address::	Canada	
Postal or Zip Code of Mailing Address::	M5G 1X5	